

**EXTENDED STUDIES CREDIT COURSE (C2) REGISTRATION/APPLICATION**  
**UNIVERSITY of COLORADO at COLORADO SPRINGS, P.O. Box 7150, COLORADO SPRINGS, CO 80933-7150**

or office use:) COLLEGE: \_\_\_\_\_ COE/ES \_\_\_\_\_ COORDINATOR: \_\_\_\_\_ Dr. Matthews \_\_\_\_\_ PHONE: \_\_\_\_\_ 4134 \_\_\_\_\_

Last Name	First Name	Middle Initial	Former Name, if applicable	YEAR: _____	TERM: SPRING <input type="checkbox"/> SUMMER <input type="checkbox"/> FALL <input type="checkbox"/>
Student #/Social Security #	Date of Birth	Day Time Phone		Evening/Home Phone	
Mailing Address	City	State	Zip	EMAIL Address	
<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Citizenship:</b> <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Non-U.S. Citizen	Country of Citizenship _____ Visa Type, Number, & Expiration Date _____		<b>Ethnic Origin (Optional)</b> <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> African American, not of Hispanic origin <input type="checkbox"/> Hispanic	<input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> White, not of Hispanic origin <input type="checkbox"/> Other _____

**ALL APPLICANTS: PLEASE ANSWER ALL QUESTIONS**

If you are a male born after December 31, 1959, the following selective service question must be answered to comply with Colorado State Law:

- Are you registered with the U.S. Selective Service? Yes\_\_\_ No\_\_\_

Have you ever been convicted of a felony? Yes\_\_\_ No\_\_\_

Do you have a high school diploma? Yes\_\_\_ No\_\_\_

Do you have a college degree? Yes\_\_\_ No\_\_\_

(If no, do you have more\_\_\_or less\_\_\_than 60 credit hours of college work?)

If yes, please indicate the name of College/University: \_\_\_\_\_

Degree: \_\_\_\_\_ Date: \_\_\_\_\_

Have you ever enrolled for credit courses through any campus of the University of Colorado? Yes\_\_\_ No\_\_\_

If yes, at which campus? (Circle One) Denver Boulder Health Sciences Colorado Springs Extended Studies

*ACTION	TITLE OF COURSE	COURSE NUMBER	SECTION NUMBER	CREDIT HOURS	***REQUIRED INSTRUCTOR'S SIGNATURE & DATE (FOR SPACE AVAILABLE COURSES)	TUITION CHARGE
(A)	NEFE & Brain Compatible Learning	LEAD 443/453		1,2,or 3		\$99, \$198, or \$297

\*(A) Add for letter grade, (NC) Add for Non-Credit, (P/F) Add for Pass/Fail grade

AMOUNT PAID \$ \_\_\_\_\_

METHOD: Check # \_\_\_\_\_ PLEASE PUT YOUR SS# ON YOUR CHECKS Third Party Billing \_\_\_\_\_ \*Attach Voucher/Authorization  
Master Card/Visa # \_\_\_\_\_ Exp Date \_\_\_\_\_ UCCS Financial Aid \_\_\_\_\_

**YOU WILL NOT BE AUTOMATICALLY DROPPED FROM THESE COURSES FOR NON-PAYMENT OR NON-ATTENDANCE.**

I certify to the best of my knowledge that the information furnished on this application/registration is true and complete without evasion or misrepresentation. I understand that if found to be otherwise, it is sufficient cause for rejection or dismissal. I understand that admission to the University of Colorado as a non-degree student does not guarantee eligibility for regular degree status. I understand that I am responsible for payment of all tuition and fees.

Name of Your High School: \_\_\_\_\_

H.S. Address: \_\_\_\_\_

H.S. Tel# \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_